



The City of Lynchburg, Virginia

TO: COMMONWEALTH OF VIRGINIA
DIVISION OF MOTOR VEHICLES
P. O. BOX 27412
RICHMOND, VA 23669

FROM: Department of Human Resources

SUBJECT: DMV Information Request

PLEASE CONDUCT A DRIVER'S LICENSE RECORD CHECK ON THE FOLLOWING APPLICANT:

NAME: _____
Last First Middle
(As it appears on valid Virginia Driver's License)

SOCIAL SECURITY/DRIVER'S LICENSE # _____

DATE OF BIRTH _____ SEX _____

I, _____, hereby authorize the City of Lynchburg Human Resources Department to request and conduct a Driver's License Record Check using the above information I have furnished of my own free will. I understand that the above information regarding date of birth and sex will be used in conducting the driver's license record check only, and will not be considered in making any employment decision.

I understand that any information supplied by me or obtained as a result of the driver's license record check shall only be disseminated pursuant to the Privacy Protection Act of 1976.

Further, I understand that my employment with the City of Lynchburg is contingent upon having a satisfactory driving record as determined by the City of Lynchburg, and I remise, release, waive and forever discharge all City employees requesting or conducting the record check from any and all action or cause of action, claim or demand, liability or legal action which I have now or may ever have resulting directly or indirectly or remotely both from requesting/conducting said record check and oral and written opinions rendered because of said record check.

Applicant's Authorization

Date

Requesting Official's Authorization

Date